

2009

# EMPIE PARK TENNIS CLINICS

*Pee Wee  
Junior  
Adult*



## Adult Beginner Clinics

**Thursdays 7-8pm**

Session I: April 9 - May 14  
Session II: June 4-July 9  
Session III: July 30 - Sept 3  
Session IV: Sept 24 - Oct 29

## Adult Intermediate Clinic

**Thursday, 8-9pm**

Session I: April 9 - May 14  
Session II: June 4 - July 9  
Session III: July 30 - Sept 3  
Session IV: Sept 24 - Oct 29

## Pee Wee Clinics

**Ages 4-8  
Saturdays 9-9:45 am**

Session I: April 11- May 16  
Session II: June 6 - July 18  
Session III: August 8 - Sept 12  
Session IV: Oct 3 - Nov 7

## Junior Tennis Clinics

**Ages 9-16  
Saturdays 10-10:45am**

Session I: April 11- May 16  
Session II: June 6 - July 18  
Session III: August 8 - Sept 12  
Session IV: Oct 3 - Nov 7

**Community Services Department**  
City of Wilmington  
302 Willard St.  
Wilmington, NC 28402  
343-3682 phone  
341-7854 fax  
[www.wilmingtonrecreation.com](http://www.wilmingtonrecreation.com)

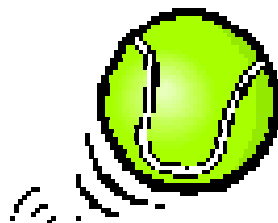
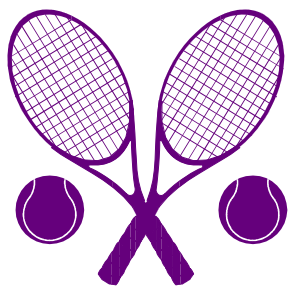
## Tennis Clinics

Class sizes are small to facilitate personalized instruction. Each clinic is taught at Empie Park by Mike Scott, a local USTA Instructor.

### Fees:

Cost is \$75 per participant, or \$50 for City Discount Card holders. City residents can obtain a City Discount Card from the Athletics office at 302 Willard St. for \$2. This must be obtained in person and paid for separately from registration fee. All payments must be made by check.

**You Must Pre-register.**  
**Classes are limited to 10 participants.**



### Adult Beginner, Junior, &

**Pee Wee** clinics are for beginners who wish to be introduced to the game of tennis. Participants will learn basic ground strokes, scoring, and game strategy.

The **Adult Intermediate** clinic is for experienced players who wish to fine-tune skills and learn advanced strategy.

**Questions?** Call 343-3682 or TTY Relay 711 for more information.

## Registration Form

Name: \_\_\_\_\_

If Under 18, Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home)

\_\_\_\_\_ (work)

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### CLINIC:

- ☐ Adult Beginner  
☐ Adult Intermediate  
☐ Junior  
☐ Pee Wee

### SESSION:

- ☐ Session I  
☐ Session II  
☐ Session III  
☐ Session IV

Total Charge: \_\_\_\_\_

Check # \_\_\_\_\_

Please make checks payable to Mike Scott. Mail payment to Athletics, 302 Willard Street, Wilmington, NC 28402

**Release:** *I hereby release the City of Wilmington and Mike Scott of any and all responsibilities for accidents or losses incurred at the site of the clinic and travel to and from the clinic.*

\_\_\_\_\_  
*Signature:*